

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

1678

Based on an inspection this day, the item(s) noted below identify violation of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishme	ent Name	A	rbys #6532	Telephone Number 8/2-944-6625	Date of In (mm/dd/yr	r)	PERMIT#	
Establishm		_	mber and street, city, state, zip code)	606-546-254	8-19-19 16			
Owner	RTA	1	Operating Company LLC	Purpose:	Follow-up Release Date TOCK			
Owner's Ac	ddress	1, N	n Harris	2. Follow-up Summary of Violations:				
Person in C		- 1	tray Simon	3. Complaint 4. Pre-Operational	c_Z	$\frac{2}{2}$ NC $\frac{1}{2}$ R $\frac{2}{2}$		
Responsible	e Person's			5. Temporary 6. HACCP	Menu Type (See back of page)			
Certified F	ood Manag	er,	ou Simon 1/-14-22	7. Other (list)	12	3	45_	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"								
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"								
Section#	C/NC	R	Narrative	,		To Be Co	orrected By	
187	<u> </u>		Measured prep cooler temp	y at 48°F		todo		
			at seginaing of inspection	n. Measura				
			46 of 30 min later.	- Morning term		1		
 			los had temps at 3R°F.					
			1 71/	when possible.				
415	C	R	Observer - 14 flying inserts	new mopsink.		1 wee	o V	
· · ·	 -	R		1 1			4.1	
4/0	NC	K	Observed Missing 11947 Si	hityd over	_	1 we	۲ K ,	
1/12	11.	÷	ary storage	<u> </u>	•	1-01-		
423	NC		Observed mop not hung			Tour	<u> </u>	
297	NC		Observed tryer hot hold	1 to have a		tode	<u> </u>	
		ļ	buildup of gross.			<u> </u>	1	
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	<u></u>		·				·	
						Γ	· _ ·	
	 						<u> </u>	
Received by (name and title printed): Inspected by (name and title printed):								
LAKRAY Simon 6M Thomas Suider EHS								
Received by (signature): Inspected by (signature): Inspected by (signature):								
cc:		/ /	CC:		co:			